

Application for Medical Marijuana Cultivator License

Part I: Ownership Structure

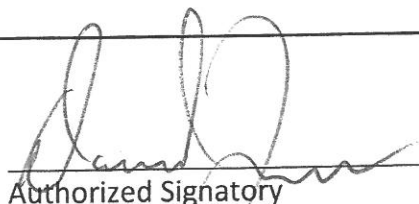
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

| | | | | |
|--|---|------------------------|---|---|
| Name David A. Ferrante | Title COO/Cultivation Manager | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address [REDACTED] | City Providence | State RI | ZIP 02903 | Phone Number [REDACTED] |
| Business Associated with (Parent business or sub-entity) [REDACTED] | Own. % Business Associated with [REDACTED] | | Effective Own. % in Applicant [REDACTED] | |
| Name Clifford W. Bedar | Title Director | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address [REDACTED] | City Chicago | State IL | ZIP 60654 | Phone Number [REDACTED] |
| Business Associated with (Parent business or sub-entity) [REDACTED] | Own. % Business Associated with [REDACTED] | | Effective Own. % in Applicant [REDACTED] | |
| Name Vinicius Cordos | Title Director | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address [REDACTED] | City Chicago | State IL | ZIP 60654 | Phone Number [REDACTED] |
| Business Associated with (Parent business or sub-entity) [REDACTED] | Own. % Business Associated with [REDACTED] | | Effective Own. % in Applicant [REDACTED] | |
| Name Evan U. Ritter | Title Lead Grower | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address [REDACTED] | City N. Scituate | State RI | ZIP 02857 | Phone Number [REDACTED] |
| Business Associated with (Parent business or sub-entity) [REDACTED] | Own. % Business Associated with [REDACTED] | | Effective Own. % in Applicant [REDACTED] | |
| Name | Title | SSN/FEIN | DOB | App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | City | State RI | ZIP | Phone Number () |
| Business Associated with (Parent business or sub-entity) | Own. % Business Associated with | | Effective Own. % in Applicant 0 | |
| Name | Title | SSN/FEIN | DOB | App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | City | State | ZIP | Phone Number () |
| Business Associated with (Parent business or sub-entity) | Own. % Business Associated with | | Effective Own. % in Applicant | |
| Name | Title | SSN/FEIN | DOB | App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--|------|---------------------------------|-----|-------------------------------|
| Address | City | State | ZIP | Phone Number () |
| Business Associated with (Parent business or sub-entity) | | Own. % Business Associated with | | Effective Own. % in Applicant |

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

| Name | Date of Birth | SSN/FEIN | Interest |
|------|---------------|----------|----------|
| n/a | | | |
| | | | |
| | | | |



Authorized Signatory

David Ferrante
Printed Name

4/19/2017

Date

FORM 3*